

# **Part 1: APPLICATION SUBMITTAL**

---



**APPLICATION SUBMITTAL CHECKLIST**

Please submit the application pages in the following order.  
 Fill out this checklist with the appropriate tabs and page numbers.

**Part 1: APPLICATION SUBMITTAL**

Attachment 1: NOFA Cover Sheet.....	Pg. _____	<input type="checkbox"/>
Attachment 2: Authorization and Acceptance Form.....	Pg. _____	<input type="checkbox"/>
Attachment 2a: Board of Directors Resolution, if applicable.....	Pg. _____	<input type="checkbox"/>
Attachment 3: Organizational Documents.....	Pg. _____	<input type="checkbox"/>
Attachment 4: Application and Charge Transmittal Form and Payment .....	Pg. _____	<input type="checkbox"/>
Attachment 5: Minimum Project Qualification Worksheet.....	Pg. _____	<input type="checkbox"/>
<b>Attachment 6: NOFA Applicant and Project Worksheet with all Exhibitd</b>	Pg. _____	<input type="checkbox"/>

*Note: All subsequent documents are Attachments to this Application*

**Part 2: APPLICANT AND PROJECT WORKSHEET**

Pg. \_\_\_\_\_

**Part 3: THRESHOLD SUBMITTAL**

**A. Asset Management Compliance**

Sponsor Capacity Worksheet Pg. \_\_\_\_\_

**B. Program Compliance**

**Internal Review Only** Pg. \_\_\_\_\_

**C. Resident Service Description**

Resident Service Description Worksheet Pg. \_\_\_\_\_

**D. Readiness to Proceed**

**1. Site Control and Zoning**

Certification of Zoning..... Pg. \_\_\_\_\_

Verification of Site Control..... Pg. \_\_\_\_\_

Site Control documents, including all amendments, addendums, extensions..... Pg. \_\_\_\_\_

Pg. \_\_\_\_\_

**2. Federal Project Resources Status**

Verification of HUD, RD or VA application Pg. \_\_\_\_\_

**3. Adequacy of Development Schedule**

Project Development Schedule Pg. \_\_\_\_\_

**4. Adequacy of Environmental Checklist**

OHCS Environmental Review Checklist ..... Pg. \_\_\_\_\_

Vicinity Map ..... Pg. \_\_\_\_\_

Floodplain Map ..... Pg. \_\_\_\_\_

Site Map or Plan, if the project site contains wetlands ..... Pg. \_\_\_\_\_

Contextual photos of site and surrounding areas..... Pg. \_\_\_\_\_

USGS Map ..... Pg. \_\_\_\_\_

If applying for HOME funds, documentation to support Vegetation and Wildlife Section Responses..... Pg. \_\_\_\_\_

<b>E. Financial Feasibility</b>		<input type="checkbox"/>
Project Excel Proforma .....	Pg. _____	<input type="checkbox"/>
Financial Assumptions .....	Pg. _____	<input type="checkbox"/>
Utility Allowance		<input type="checkbox"/>
Verification.....	Pg. _____	<input type="checkbox"/>
Letters of Intent or Committed Funding (if available).....	Pg. _____	<input type="checkbox"/>
Schedule of the maximum rental rates allowed by the rental subsidy (i.e. HUD or RD) for any project-based rental assistance, if applicable .....	Pg. _____	<input type="checkbox"/>
Preservation and Expiring Use Status, if applicable .....	Pg. _____	<input type="checkbox"/>
Existing Tenant Survey, if existing structure is occupied.....	Pg. _____	<input type="checkbox"/>
Tenant Relocation Place (if required)	Pg. _____	<input type="checkbox"/>
<b>F. Construction Feasibility</b>		
Visitability Exemption Request Form, if applicable .....	Pg. _____	<input type="checkbox"/>
Maximum Unit Floor Area/Two Bath Exemption Request Form, if applicable .....	Pg. _____	<input type="checkbox"/>
<b>1. Architectural – New Construction:</b>		
Preliminary Site Design & Development Plan.....	Pg. _____	<input type="checkbox"/>
Preliminary Building Exterior Elevations .....	Pg. _____	<input type="checkbox"/>
Preliminary Building Floor Plans .....	Pg. _____	<input type="checkbox"/>
Preliminary Building Sections, if applicable.....	Pg. _____	<input type="checkbox"/>
Typical Unit, Showing Furniture Layout Plan.....	Pg. _____	<input type="checkbox"/>
<b>2. Architectural Rehabilitation:</b>		
Capital Needs Assessment.....	Pg. _____	<input type="checkbox"/>
Rehabilitation Scope of Work.....	Pg. _____	<input type="checkbox"/>
Pest and Dry Rot .....	Pg. _____	<input type="checkbox"/>
Roof Inspection Report.....	Pg. _____	<input type="checkbox"/>
<b>3. All Projects:</b>		
Architect’s Letter of Architectural Exception, if applicable .....	Pg. _____	<input type="checkbox"/>
Environment Phase 1 Executive Summary, if completed.....	Pg. _____	<input type="checkbox"/>
Soils Report Summary, if completed .....	Pg. _____	<input type="checkbox"/>
Green Building Worksheet.....	Pg. _____	<input type="checkbox"/>
<b>4. Construction Costs</b>		
Contractor’s or Sponsor’s Construction or Rehab Cost Estimate.....	Pg. _____	<input type="checkbox"/>
30 Year Replacement Reserve Schedule.....	Pg. _____	<input type="checkbox"/>
<b>G. Development Team Capacity</b>		
Sponsor Capacity Worksheet.....	Pg. _____	<input type="checkbox"/>
Schedule of Real Estate Holdings.....	Pg. _____	<input type="checkbox"/>

---

**Part 4: Competitive Scoring Questionnaire**

Scoring Questionnaire Worksheet	Pg. _____	<input type="checkbox"/>
---------------------------------	-----------	--------------------------

---

**Part 5: Supplemental HOME Forms**

HOME Application Checklist.....	Pg.	_____	<input type="checkbox"/>
Architect Certification – meets Section 504 accessibility.....	Pg.	_____	<input type="checkbox"/>
Copies of URA General Information Notices to residential and commercial tenants (forms can be located in Section 6: HOME Program Description & Requirements).....			
	Pg.	_____	<input type="checkbox"/>
Notice 5A or 5B and 5D signed by the seller .....	Pg.	_____	<input type="checkbox"/>
Tenant Participation Plan, if sponsor is a CHDO.....	Pg.	_____	<input type="checkbox"/>
Transition Plan, if there are transitional housing units .....	Pg.	_____	<input type="checkbox"/>
Lead Disclosure Notices, testing or assessment reports, if housing built pre-1978) ....	Pg.	_____	<input type="checkbox"/>
Consolidated Plan Consistency statement (if project is located in Medford or Ashland jurisdiction’s Consolidated Plan) .....	Pg.	_____	<input type="checkbox"/>
For Special Needs populations, a letter from Dept. of Human Services agreeing to the requirements of the HOME program. (see discussion under Special Needs in Section 6: HOME Program Description and Requirements).....	Pg.	_____	<input type="checkbox"/>

---

**Part 5A Market and Rent Assessment – HOME Only.....** Pg. \_\_\_\_\_ 

---

**Part 6: Supplemental Low Income Housing Tax Credit Forms**

Elections and Rental Assistance Information .....	Pg.	_____	<input type="checkbox"/>
Tax Credit Sale Information .....	Pg.	_____	<input type="checkbox"/>
Rehabilitation of an Existing Building .....	Pg.	_____	<input type="checkbox"/>
Form 8821.....	Pg.	_____	<input type="checkbox"/>
Request To Use 130% Basis Boost Form .....	Pg.	_____	<input type="checkbox"/>
Letter of Intent from equity investor .....	Pg.	_____	<input type="checkbox"/>

---

**Part 7: Supplemental Low Income Weatherization Forms**

Energy Efficiency Plans – Narrative .....	Pg.	_____	<input type="checkbox"/>
Energy Efficiency Plans – Rehabilitation Worksheet.....	Pg.	_____	<input type="checkbox"/>
Energy Efficiency Plans – Rehabilitation Calculator Page.....	Pg.	_____	<input type="checkbox"/>
Energy Efficiency Plans – New Construction Worksheet.....	Pg.	_____	<input type="checkbox"/>
Energy Efficiency Plans – New Construction Calculator Page .....	Pg.	_____	<input type="checkbox"/>

---

**Part 8: Supplemental Oregon Affordable Housing Tax Credit Forms**

Loan Information .....	Pg.	_____	<input type="checkbox"/>
Letter of interest, intent or commitment from permanent lender, if received.....	Pg.	_____	<input type="checkbox"/>

---

**Minimum Project Qualification Worksheet**

**Applicant is requesting the following Amounts:**

<b>Funding Request</b>	<b>\$ Amount</b>	<b>Grant Request</b>	<b>Loan Request</b>	<b>Recipient will loan to limited partnership</b>
GHAP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIWP (Weatherization)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HELP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OAHTC (loan amount)				
LIHTC (annual allocation)				
Other				

**Applicant is applying under one of the following Minimum Qualifications:**

	<b>Brief Description</b>
1. Geographic Priority Region	
2. Leverages Significant Other Funds.	
3. Preserves Federal Rent subsidies	
3. Meets Multiple Public Priorities	

**Applicant is applying within the following Allocations:**

<b>Funding Type</b>	<b>Amount Requested</b>	<b>Allocation Test</b>	
GHAP			
HOME			
LIWP (Weatherization)			
HELP			
OAHTC (loan amount)			
LIHTC (annual allocation)			
Other			

**Authorization and Acceptance Form**

Owner/Board of Directors of: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

**By this action the Owner/Board of Directors accepts the responsibilities and requirements of all tax credit, grant and loan programs applied for in this Application. In accordance with the corporation's by-laws, effective this date, authorization has been given by the Owner/Board of Directors to the following named parties to apply for programs, grants or loans in this application:** The undersigned, being duly authorized to submit this application on behalf of the named Applicant, hereby represents and certifies that all required documents have been submitted in this application packet, and that the information provided in this application, to the best of his/her knowledge, is true, complete, and accurately describes the proposed project. The undersigned further authorizes the release of project information to Oregon Housing and Community Services ("Department," "OHCS") from all financial partners listed in the Application and authorizes the Department to verify any Application information, including financial information, as required to complete its due diligence.

**Primary**

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date

**Secondary**

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date

**Signed:**

\_\_\_\_\_  
Owner/Board Chair Name Signature

\_\_\_\_\_  
Organization Date

### Board of Directors Resolution

Is a Board Resolution required to authorize this application? If it is, include a copy of the Resolution here.

### Sample Resolution

**(Date)**

**(Name of sponsor)**, acting through its Board of Directors, at its regularly scheduled meeting, with a quorum present, did after due deliberation, authorize **(name of authorized signatory(s))** to apply to Oregon Housing and Community Services for funding for **(number)** units of affordable housing in a project to be known as **(name of project)**. The person(s) named on the Authorization and Acceptance Form are duly authorized to encumber, by this action, the Board of Directors accepts the responsibilities and requirements of any tax credit and/or grant or loan programs applied for in this application for this project. The site is located at **(address and city of site)**.

Motion was made by \_\_\_\_\_ and seconded by \_\_\_\_\_

Signature of Board President \_\_\_\_\_  
(Typed name of president)

ATTACH CHECK(S) HERE

Application and Charge Transmittal

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Contact Name, Address: \_\_\_\_\_

Submit the original application, specified copies, Application Charge and this form to:

**Multifamily Housing Section**  
Oregon Housing and Community Services  
725 Summer Street NE, Suite B  
Salem OR 97301-1266

<b>Multifamily Housing Section (MHS) Programs and NOFA: (259)</b>			
Minimum NOFA Application charge:	=	(a)	\$100.00
# units in your proposed project: _____	x 25	=	(b) \$ _____
Maximum NOFA Application charge:			
Total of all NOFA sources requested*:	_____ x .5% (.005)	=	(c) \$ _____
*includes all grant funds, amount of OAHTC requested, and equity generated by the LIHTC allocation.			
<ul style="list-style-type: none"><li>• If the total of (b) is less than \$100, you must pay the minimum charge of \$100.</li><li>• If the total of (b) is more than \$100, you must pay the lesser of (b) or (c).</li></ul>			
<b>Amount Due:</b>			\$ _____

**Make Checks Payable to:**  
Oregon Housing and Community Services

**Amount Enclosed:** \$ \_\_\_\_\_